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ABSTRACT

Anger is a natural and healthy human emotion when managed effectively. But it can be a source of various physical, mental, emotional, social, or legal problems when not managed effectively. It is often a problem in one of these areas that brings a client in for counseling, either on a voluntary or a mandated basis. As a counselor, there are numerous and varied options for intervention. And there are numerous and varied aspects to consider before selecting an appropriate intervention. This digest highlights how practitioners can effectively attempt to understand the extent and expression of anger, the specific problems resulting from the anger, the function the anger serves, the underlying source of the anger, and the domain the problems occur in (e.g. emotional, physiological, or cognitive) before choosing interventions for the client. (GCP)

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ERIC Digest

by

Eileen K. Hogan

ERIC Clearinghouse on Counseling and Student Services Digest

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Anger Management 1: An Overview for Counselors

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Introduction

Anger. Everybody experiences it and everybody expresses it. It is a natural and healthy human emotion when managed effectively. But it can be a source of various physical, mental, emotional, social, or legal problems when not managed effectively. It is often a problem in one of these areas that brings a client in for counseling, either on a voluntary or a mandated basis. As a counselor, there are numerous and varied options for intervention. And there are numerous and varied aspects to consider before selecting an appropriate intervention.

Defining Anger

There are many different views from which to consider the construct of anger. Dahlen and Deffenbacher (2001) identify three main ingredients to anger. First, there is an anger-eliciting stimulus, typically an easily-identifiable external source (e.g., somebody did something to me) or internal source (e.g., emotional wounds). Second, there is a pre-anger state, which includes one's cognitive, emotional, and physical state at the time of provocation; one's enduring psychological characteristics; and one's cultural messages about anger and about expressing anger. Third, there is one's appraisal of the anger-eliciting stimulus and one's ability to cope with the stimulus. All three of these ingredients interact to create a state of being angry.

Dahlen and Deffenbacher (2001) also identify four related domains in which anger exists. First, in the emotional and experiential domain, anger is a feeling state ranging in intensity from mild annoyance to rage and fury. Second, in the physiological domain, anger is associated with adrenal release, increased muscle tension, and activation of the sympathetic nervous system.

Third, in the cognitive domain, anger is associated with biased information processing. Fourth, in the behavior domain, anger can be either functional (e.g., being assertive, setting limits) or dysfunctional (e.g., being aggressive, withdrawing, using alcohol and drugs, etc.).

Rhoades (n.d.) provides additional ways to understand anger. What is the source and expression of the anger? Is it intense and situation-specific or chronic and generalized? What is the extent of the anger? Does it easily and quickly evolve into deep feelings of resentment? Is it coupled with intense aggression or explosiveness? Has it become uncontrollable? What is the anger hiding? Is it a cover-up for fear, being used as a shield to keep other people at a distance so they are unable to see one's insecurities and weaknesses?

Expressing Anger

The expression of anger can take many forms. Some common means of expressing anger include venting, resisting, seeking revenge, expressing dislike, avoiding the source of anger, and seeking help (Marion, 1997). However, in many cultures, people are taught that while expressing anxiety, depression or other emotions is acceptable, expressing anger is not (Controlling anger before it controls you, n.d.). As a result, many people never learn how to handle their own or others' anger effectively or to channel it constructively.

Gorkin (2000) distinguishes between the intention and the usefulness of anger expressions. In terms of intention, the expression of anger can be purposeful or spontaneous. The purposeful expression of anger is intentional, has a significant degree of consideration or calculation, and yields a high degree of self-control. The spontaneous expression of anger is immediate, has little premeditation, and yields little to moderate self-control.

In terms of usefulness, the expression of anger can be constructive or destructive. Constructive expression of anger affirms and acknowledges one's integrity and boundaries without intention to threaten another person. Destructive expression of anger defensively projects and rigidly fortifies one's vulnerable identity and boundaries.

These distinctions provide for four basic expressions of anger. Purposeful and constructive expression leads to assertion. Purposeful and destructive expression leads to hostility. Spontaneous and constructive expression leads to passion and suffering. And spontaneous and destructive expression leads to rage, violence, screaming, and hitting. With respect to rage, one can be outraged, by a seemingly clear and external (sometimes criminal) target, or one can be "in-raged" (Gorkin, 2000), by a reaction to still unresolved internal hurts and humiliations (vs. actual, immediate stimulus-and-response provocation).

Although much of the work in anger management focuses on helping people understand what triggers their anger and on learning a healthier response, or expression, of that anger, the debate continues regarding the healthiest ways to express anger. Interestingly, some sources (e.g., Schwartz, 1990) indicate that repressing anger can be adaptive for coping with certain emotions. Other sources (e.g., Controlling anger before it controls you, n.d.) document that suppressing anger can lead to headaches, hypertension, high blood pressure, depression, emotional disturbances, gastrointestinal disorders, respiratory disorders, skin disorders, genitourinary disorders, arthritis, disabilities of the nervous system, circulatory disorders, and even suicide. It is important to learn to identify whether or not a client's reactions to and expressions of anger are a problem.

Assessing Anger

How does a client know when his or her anger is more of a problem than a help? Few formal assessments exist to quantifiably measure the level of one's anger. However, there are numerous qualitative indicators to review with clients to understand the extent of their concerns about their anger and anger management strategies.

- Is the anger chronic, long-lasting, too intense, or too frequent (Rhoades, n.d.)?

- Does the anger disrupt the client's thinking, affect the client's relationships (Rhoades, n.d.), or affect the client's school or work performance?
- Does the client exhibit frequent loss of temper at slight provocations, passive-aggressive behavior, a cynical or hostile personality, chronic irritability and grumpiness?
- Has the client begun to display low self-esteem, sulking, or brooding?
- Is the client withdrawing socially from family and friends?
- Is the client getting physically sick or doing damage to one's own or others' bodies or property?
- Is the client experiencing physical symptoms such as increased heart rate, increased blood pressure, or increased adrenaline flow (Controlling anger before it controls you, n.d.)?

Although some of these symptoms may be indicative of other issues, they are also often related to unresolved anger. The bottom line is that when a person becomes a victim to his or her anger, the anger is a problem.

Managing Anger

According to Wellness Reproductions (1991), there are three main methods of dealing with anger. First, there is "stuffing" one's anger, a process in which a person may or may not admit his or her anger to self or others and in which one avoids direct confrontations. A person may stuff his or her anger out of fear of hurting someone, fear of rejection, fear of damaging relationships or fear of losing control. Often, a person who stuffs anger is unable to cope with strong, intense emotions and thinks that anger is inappropriate or unacceptable. Stuffing one's anger typically results in impaired relationships and compromised physical and mental health.

Second, there is escalating one's anger, a process in which a person provokes blame and shame. The purpose is to demonstrate power and strength while avoiding the expression of underlying emotions. A person who escalates his or her anger is often afraid of getting close to other people and lacks effective communication skills. Escalating one's anger typically yields short-term results, impaired relationships, and compromised physical and mental health. Sometimes, escalating one's anger also leads to physical destruction of property or to abusive situations, thus adding the potential for legal ramifications.

Third, there is managing one's anger, a process in which a person is open, honest, and direct and in which one mobilizes oneself in a positive direction. The focus is on the specific behavior that triggered the anger and on the present (past issues are not brought into the current issue). A person who manages his or her anger avoids black and white thinking (e.g., never, always, etc.), uses effective communication skills to share feelings and needs, checks for possible compromises, and assesses what is at stake by choosing to stay angry versus dealing with the anger. Managing one's anger results in an increased energy level, effective communication skills, strengthened relationships, improved physical and mental health, and boosted self-esteem.

Summary

It is this process of managing one's anger that is the primary goal of counseling people to effectively deal with anger. The goal is not to eliminate anger. Anger is a natural and healthy emotion. After a client acknowledges he or she is angry, a counselor can help the client learn how to reduce the emotional and physiological arousal that anger causes and learn to control its effects on people and the environment. To be more effective, practitioners should attempt to understand the extent and expression of the anger, the specific problems resulting from the anger, the function the anger serves, the underlying source of the anger, and the domain the problems occur in (e.g. emotional, physiological, or cognitive) before choosing interventions for the client. Specific strategies and skills as well as some additional considerations in helping clients manage anger are reviewed in Anger Management 2: Counseling Strategies and Skills (ERIC Digest # EDO-CG-03-11).

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